

Kaibab Band of Paiute Indians Tribal Health Policies & Procedures

The overall health of the Kaibab Band of Paiute Indians is of great importance, our goal is to prevent major health problems and manage those we have through disease prevention, health education and compliance methods. We must focus on teaching and lead by example the healthy ways of our ancestors & encourage our children to become interested in the medical profession to help our tribal members in the future.

Our people need to focus on being physically, mentally, emotionally, & spiritually healthy and to create wellness with harmony and balance.

The Tribal Health Department is overseen by the Community Health Representatives Program (CHR), with input and guidance from the Tribal Health Committee.

The Tribal Health Department provides services to all Tribal Members and other eligible Indians residing on the reservation or within our Service Delivery Area (SDA), Coconino, Mohave, and Kane counties as established by the Indian Health Services (I.H.S) CHS guidelines.

CHR POLICY MANUAL

SUBJECT: CHR Staff, CHS Eligibility Requirements, Medication, Transportation, Dental, Traditional Healing Services and other services as needed.

PURPOSE: To establish a uniform set of procedures for the Tribal Health Program Staff to follow, to include the I.H.S/CHS rules and guidelines to provide onsite basic health and community outreach services within their scope of work to the eligible community members.

FUNCTION: The Program staff will work within their scope of work and serve as the Tribal Health Representative's to promote health education, disease prevention and chronic disease compliance by health screening, providing health awareness & injury prevention education and activities.

CHR STAFF & DEPARTMENT POLICY:

1.1.1 Office hours for the KPT CHR Department are Monday thru Friday, 8:00 a.m. to 5 p.m. Patient appointments 8:30 a.m. – 4:00 p.m.

1.1.2 Regarding office appointments with any CHR employee, please try and schedule appointments in advance to make sure we provide you with appropriate time to complete your need, unless it is a medical emergency.

1.1.3 CHR Staff, the Tribal Nurse, Health Educator, and Community Health Director will work co-operatively in providing on site home visits as needed monthly, with special attention to the elderly, disabled, with special consideration given to those who are in need of medical assistance, hospital discharge, post surgical or other major illness's to provide case management as it relates to the patients health care.

1.1.4 ***Delete***It is the policy of the KPT CHR/Diabetes Prevention-Nutrition & Tobacco Program/Other grant funded positions, that each diabetic client will receive a home visit or contracted at least bi-weekly

The CHR team to include CHR's, Nurse & Health Educator, Tobacco/Cancer Community Representative and Fitness Coordinator will coordinate & promote health education to minimize the incidence of diabetes by educating the community of the disease process and through proper nutrition, fitness to assist those who have chronic health problems to become more compliant with their disease. The Fitness Position will work closely with the Health team to coordinate prevention and fitness activities for all ages within the community.

1.1.5 The following CHR Personnel are under the direction of the Community Health Director:
CHR Driver, CHR Health Educator, CHR Nurse, CHR Medical Billing, Diabetes/Fitness Coordinator, Tobacco Coordinator, and TMVCIPP Coordinator.

I.H.S Direct/CHS Policy, CHS Eligibility:

ELGIBLITY:

1.1 Eligibility Requirements for CHS is in addition to the requirements for Direct Care at any I.H.S. facility as defined in the CFR title 42, Sec 136.21 thru 136.25 & I.H.S part 2 Chapter 3 CHS
There are 5 eligibility requirements which must be met by each person applying for CHS assistance.

- a. Is Indian/Alaska Native-meaning a person requesting services must be of Indian decent (Federally Recognized Tribe) and belonging to the Indian community, to be verified by enrollment or census number.
- b. Is a Native person who resides within his/her (CHSDA) Contract Health service delivery is and will be required to provide proof of residence.

The following people must also meet the residence requirements:

- Students who are temporarily away from the CHSDA and were before they left eligible, eligibility ceases 180 days after studies end.
 - Persons temporarily away from their CHSDA due to travel, employment eligibility ceases after 180 days.
 - Children placed in foster care outside the CHSDA by court order.
 - Other Indian people who maintain “close social economic ties with the tribe”. Employed by the tribe, living on the reservation, and those who are closely involved in cultural, and other tribal events, must be able to prove their involvement.
- c. Notification/authorizations for payment must be authorized by a CHS official and based on a medical referral priority being funded at that time.
 - Emergencies based on I.H.S medical priorities which allow the patient a 72 hr. notification period.
 - Notification is extend to 30 days for the elderly & disabled.
 - d. CHS Funds are limited to medical or dental services which are determined medically necessary.
 - e. Alternate Resources:
All individuals must apply for an alternate resource that could be available to them i.e., Medicare part A/B &D, AHCCCS/Arizona Medicaid & other State or Federal programs to include private insurance. Failure to apply for an alternate resource or complete the patient registration update could result in denial or services.

It shall be the responsibility of the medical billing clerk to keep track of
The notifications, updates, and assisting patients in applying for an alternate resource.

Coverage will not be provided if a client has not applied for Alternate Resources or use their private insurance. If a person has applied and has been denied, for legitimate reasons, (i.e.; over income) the patient must provide proof of denial to the CHR office before IHS/CHS coverage will be granted

1.2 I.H.S Policy; a client's private health insurance, AHCCCS, or other State funded insurance and will be billed as such. I.H.S CHS and the Kaibab Paiute CHR Program coverage then becomes the Second and Third insurance coverage respectively.

1.3 I.H.S is the "Payer of Last Resort" (CFR Title 42, 136.61

1.4 The CHR program can only provide service to tribal members who are incarcerated, provided that they have applied for alternate resources, completed their update and resided within our service area prior to incarceration.

1.5 The CHR program, along with a written request submitted to the health committee may consider coverage of medical expenses/procedures that your insurance may not cover. ???

PATIENT REGISTRATION:

All Tribal Members and other federally recognized Indians residing on the KPT reservation or within the service delivery area must turn in a completed patient registration up-date form monthly.

The CHR office Billing clerk accepts this on the 1st of the month, these updates are copied for CHR files, mailed to the Hopi Contract Health Services, if these updates are not completely filled out and signed by the patient or parent/guardian - CHR Department/Hopi Service Unit, Contract Health Dept. will not pay any medical cost incurred for that specific period of time.

PATIENT NOTIFICATION & APPOINTMENTS POLICY:

- 1.1 Policy; Notification is notifying the CHR office of your intended visit for health care. Unless it is an emergency, all clients must notify CHR office of the time, date, the health provider/facility and reason for each appointment and insurance information prior to the actual visit. The CHR department must be notified within 72 hours (Voicemail, E-mail).
- 1.2 Notification may be person-to-person, written telephone call, voicemail, e-mail.
- 1.3 The tribal health department logs all appointments; unless access to a telephone is unavailable all clients are responsible for scheduling their own appointments. However, certain providers (Optometry, Dental, Medical) require appointments be made by the CHR Department. This is to insure patient is up to date with current requirements and payment to provider.
- 1.4 When an individual makes their own appointments, it their responsibility to notify the health department of date of service, provider, health problem & insurance.
- 1.5 If health department (CHR) is not notified of a medical/dental appointment beforehand, coverage for the appointment will be denied and the client will be responsible for payment.
- 1.6 Patients MUST see their primary care physician to obtain a referral to see a specialist. Referral to see a specialist MUST have prior approval.

MEDICATION POLICY:

- 1.1 All clients must provide the two contracted pharmacies with **Kanab United Drug/Zion** pharmacy their original prescriptions for medications to be filled, unless other arrangements has been made or pre-approved to use another pharmacy.
- 1.2 Refills – All patients must call in their prescription refills to the pharmacy unless they do not have access to a telephone, in which this case the client/patient can inform the CHR office and allowing at 24 to 48 hours before medications are needed, as per pharmacy policy, there is a 24-48 hour waiting period from the time it is called in to the time it is available for pick-up.
- 1.3 Policy. In the event that a client pick up his/her own medication, the patient will need to inform the CHR office RX REFILL, the receipt must be turned in to the CHR Medical Billing Clerk within 24 hours of retrieving the medication.

- 1.4 Policy. All clients must inform the pharmacy and/or physician of any changes in insurance (i.e. – loss of coverage or new insurance) provide the pharmacy with the card. If a client fails to do so in a timely manner, or use their insurance the CHR program is obligated by law to notify the appropriate parties of all said changes and any costs incurred will be the responsibility of the client.
- 1.5 Policy. Medication will be picked up by a CHR staff on Tuesdays and Thursdays. Medications will be delivered to those clients who do not have transportation or in the case of an emergency. Medication for all others¹ can be picked up at the CHR department.
- 1.6 Policy. All over-the-counter medications dispensed by KPT Tribal Nurse. Procedure. OTC's will be limited to two (2) bottles/boxes/packs per family each month and will be documented as to who received, date and name of person dispensing. CHR/Nurse can issue supplies on stock to patients and a written record is kept of all dispensed by CHR staff. In the event that a client exceeds the allotted amount, he/she will be responsible for purchasing the medication him/herself and/or schedule an appointment with a physician. If physician is recommending an over the counter medication, patient will be required to have a written prescription from physician.

TRANSPORTATION POLICY:

- 1.1 It is the policy of the KPT CHR program that a client will be transported to an appointment **ONLY** if they meet the following qualifications: 1) No vehicle for the household 2) If surgery is required and the client is the only licensed driver 3) Primary transportation used by another individual in the household for work 4) Does not have a valid driver's license.
- 1.2 ~~***Delete***~~ Under the Title 6 Grant, only senior and disabled clients will be transported by the CHR Driver, regardless of access to transportation.
- 1.3 Only persons with medical issues will be transported by the Driver unless patient requires additional assistance (Spouse, Significant Other, Family Member, and Caregiver). Other passengers will need to be cleared through the Tribal CHR Dept.

- 1.4 Any overnight transport will follow the federal guidelines. The CHR department will cover the expense of room and board. The patient will be responsible for meals and incidentals. Under extreme hardship, with documentation will the CHR program assist with the expense of meals and incidentals.
- 1.5 From time to time it may be more feasible to provide air transportation.

DENTAL POLICY:

- 1.1 Policy. Per IHS policy (Find#), approval for extensive dental work and/or surgery is on a case-by-case basis which is medically necessary and is determined by an IHS health committee.
- 1.2 I.H.S. Hopi dental services are available to the eligible community members also; the 1st visit is on a walk in basis no appointment necessary, from that appointment a patient will be given an appointment for follow up.
- 1.3 The CHR program will look into other services that could be available to patients for dental needs for patients who need extensive dental care, Dentures, crowns, root canals, bridges, partials or other care. Maximum \$3,500 non-tribal members.
- 1.4 ~~***Delete***~~Transportation is prescheduled and needs to be coordinated with all services related to patient and program.
- 1.5 The CHR Department budget will pay for normal dental care: which are level I, II & III. Patient needs to meet the I.H. S CHS eligibility requirements.
- Level I Exams, x-ray, preventative care, Level II routine amalgam fillings, Level III Extractions, ONLY will be based on case by case situations.
 - All other services; Crowns, bridges, partials, root canals, dentures orthodontia will require two estimates that must be submitted to the CHR department for approval. Replacement of Crowns, bridges, partials, dentures will be allowed every three years.
 - These estimates will be submitted to the tribal health committee for review and approval.
 - The health committee may authorize any costs above \$500.00 per patient. Non Tribal members are eligible for \$3,500 on an individual basis, dependant of availability of

funds. The Tribal health committee meets once a month on the first Tuesday of the month all requests should be presented at this time.

1.6 KPT health department has some funds available for tribal members from the Tribal gaming budget for dental service over the I.H.S dental priorities; these funds are prioritized and authorized by the tribal health committee.

- Two estimates are needed from dental providers for committee review and approval. Once the committee has made their decision, it shall be the responsibility of the medical/billing clerk to notify the patient of the committee's decision.
- A Tribal member dental patient could be authorized to be approved up to \$5000.00 per year for approved dental plan, if funds are available.

OPTOMETRY:

1.1 The Department will pay for eye exams, glasses, contacts, contact fitting fee up to \$200 per year. If the patient has paid for said; exam, glasses or contacts, fitting fee, they may receive reimbursement, not to exceed \$200. This amount can be request in writing from the Tribal Gaming budget for that specific year.

1.2 The Department will cover a fitting fee associated with eyewear up to \$60 in addition to the \$200 for eyewear, contacts, and exam.

TRADITIONAL HEALING:

Only tribal members may request for traditional healing services, paid for from the tribal gaming budget.

1.1 The maximum allowed is \$550.00 per year; the request can be submitted two times per year up to the maximum allowed. All additional information requested are; Social Security Numbers and addresses for all individuals who are involved in performing the ceremony. The funds will be paid directly to the healer, fire man, water carrier, and drummers if required.

\$350.00 Healer
\$50.00 Water Carrier
\$50.00 Fire Man

\$50.00 Drummers a person
\$50.00 Cedar Man

Total \$550.00

PAYMENT PROCESS:

- 1.1 Policy. All Medical bills, Explanation of Benefits (E.O.B) must be submitted to the Medical Billings Clerk. Denial by IHS due to patients condition being classified as a non-medical priority and all other procedures have been followed will be eligible for services under the CHR department. Who will in turn will make sure that all paper work has been completed for processing. Notifications, updates for the month, insurance in place or alternate resources. Once this has been completed the billings clerk will invoice for payment and submit to the Director with back up documentation for approval, signature and forwarded to the Tribal Administrator for approval, which will then be sent to the finance dept. for payment.
- 1.2 Patient's with AHCCCS, Private Insurance must provide a copy of their medical statements, Explanation of benefits (E.O.B) and follow IHS/CHR policies and procedures in order to receive assistance.
- 1.3 Payments may take up to three months unless payment request is being paid directly to provider.

REIMBURSEMENTS:

- 1.4 Any requests for reimbursements must be submitted to the Medical Billings Clerk who will in turn check to see that all updates, notification & insurance information has been completed prior to appointment. If the above information has not been completed, the request for reimbursement will not be approved.